

Governor's Mental Health Proposals Fact Sheet

ACCESS TO MENTAL HEALTH OUTPATIENT SERVICES

- The average wait time for outpatient services in Community Service Boards is:
 - > 30 days for adults and 37 days for children to see a counselor;
 - > 28 days for adults and 30 days for children to see a psychiatrist;
- The limited capacity of these local centers has made it impossible to meet the needs and expectations of Virginians with mental health needs.
 - \$4.5 million to increase availability of outpatient clinicians and therapists at community services boards.
 - \$5.8 million to hire 40 clinicians specializing in children's mental health over the biennium. This funding will help serve children who are not eligible for services through CSA.

ACCESS TO EMERGENCY SERVICES

- The Virginia Tech Review Panel's Report revealed that it is common for a CSB to experience difficulty securing a willing detention facility when a temporary detention order has been issued.
- If crisis stabilization programs that accept temporary detention orders (TDOs) are accessible to every community and CSB in the state, delays in locating a willing TDO facility would be alleviated and some of the current pressure on limited inpatient beds would also be relieved.
 - \$14.6 million over the biennium to improve emergency mental health services, including around-the-clock emergency psychiatric consultation, emergency clinicians and crises stabilization. The increase will assist community services boards in providing legally mandated emergency services.

JAIL DIVERSION

- Diverting people with mental illness from entering the criminal justice system and providing better treatment for individuals who need mental health services in jail is critical.
 - \$6 million over the biennium to expand a pilot program for jail diversion services funded in the 2006-08 biennial budget. It is anticipated that these funds will provide diversion and wrap-around services and support for an estimated 300-500 people.
 - \$600,000 over the biennium to establish a training program for crisis intervention. The training will enable law enforcement to respond to crisis situations involving individuals with mental illness.

CASE MANAGEMENT

- Currently, CSB mental health case managers carry an average of 40 cases in their caseloads. This exceeds the national recommended average of 25 cases per manager. The caseload constrains the service time case managers can spend working with consumers.

- \$8.8 million to increase the number of case managers for mental health services provided through community services boards. A total of 106 additional case managers will be hired by the end of the biennium.

CLARIFYING EXPECTATIONS OF VIRGINIA'S COMMUNITY SERVICES BOARDS

- Through the development service standards across the community services boards, Virginia will move toward a more uniform system of emergency response times, service admission criteria, staff credentialing and training requirements, and of mandatory activities, like attending temporary detention order hearings.
 - \$875,000 over the biennium to create four positions to expand monitoring and accountability of community services boards and to develop core standards and service improvement plans.

CODE CHANGES

- Governor Kaine is also proposing Code changes that will address individuals' need for treatment while considering the delicate balance between their civil liberties and public safety. His proposed legislation will:
 - Allow an emergency custody order to be extended to 8 hours and matching emergency custody order criteria to commitment criteria (VT Panel recommendation IV-13)
 - Require the independent evaluator and the treating physician of a temporary detention order patient to be available during hearing (VT Panel recommendation IV-20)
 - Require CSB staff to participate in hearings (VT Panel recommendation IV-19)
 - Change the criteria for emergency custody and temporary detention from the "imminent danger" terminology to: "*substantial likelihood that in the near future he will (a) cause serious physical harm to himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm, or (b) suffer serious harm due to substantial deterioration of his capacity to protect himself from such harm or provide for his basic human needs*" (VT Panel recommendation IV-15)
 - Clarify the roles and responsibilities of the Community Services Boards and the Independent Examiner throughout the detention process, the commitment hearing, and the subsequent disposition (VT Panel recommendation IV-17)
 - Explicitly authorize the disclosure of information between providers in order to deliver, coordinate or monitor treatment, and between providers and the courts to monitor and report on service delivery and compliance with treatment (VT Panel recommendation V-22, 24)